



## Perpetual WealthFocus Super Plan & Pension Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 RSE R1057010  
Perpetual's Investor Choice Retirement Fund ABN 41 772 007 500 RSE R1057010

# Nomination of beneficiary form

Please complete all pages of this form in black ink using **BLOCK** letters.

## 1. Investor details

|                     |  |                        |  |
|---------------------|--|------------------------|--|
| client number       |  | account number         |  |
| first name(s)       |  |                        |  |
| last name           |  |                        |  |
| phone (after hours) |  | phone (business hours) |  |

## 2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on the following page before you complete this section.

If you want all of part of the benefit to be paid to your estate (and distributed in accordance with your Will) you should write 'LPR' in the field titled 'relationship to investor' (LPR is an abbreviation for Legal Personal Representative).

### Beneficiary 1

|               |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|---|---|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| first name(s) |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| last name     |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| date of birth | / | / |  | relationship to investor |  |  |  |  |  |  |  |  |  |  |  |  |

### Beneficiary 2

|               |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|---|---|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| first name(s) |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| last name     |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| date of birth | / | / |  | relationship to investor |  |  |  |  |  |  |  |  |  |  |  |  |

### Beneficiary 3

|               |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|---|---|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| first name(s) |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| last name     |   |   |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |
| date of birth | / | / |  | relationship to investor |  |  |  |  |  |  |  |  |  |  |  |  |

Please complete one of the following sections, depending on whether you are investing in the Super Plan or Pension Plan.

### Super Plan

|                                   |    |                                      |               |      |   |
|-----------------------------------|----|--------------------------------------|---------------|------|---|
| nomination type (only choose one) |    | beneficiary 1                        |               | %    |   |
| <input type="checkbox"/> binding  | or | <input type="checkbox"/> non-binding | beneficiary 2 |      | % |
|                                   |    | beneficiary 3                        |               | %    |   |
|                                   |    | total                                |               | 100% |   |

### Pension Plan

|   |  |                                      |               |      |   |
|---|--|--------------------------------------|---------------|------|---|
| <input type="checkbox"/> Term Allocated Pension | <input type="checkbox"/> Account based Pension | beneficiary 1                        |               | %    |   |
| nomination type (only choose one)               |  | beneficiary 2                        |               | %    |   |
| <input type="checkbox"/> binding                | or   | <input type="checkbox"/> non-binding | beneficiary 3 |      | % |
|   |  | total                                |               | 100% |   |

### 3. Declaration by investor (must be completed)

I direct the Trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form.

|                    |  |      |   |   |  |
|--------------------|--|------|---|---|--|
| investor signature |  | date | / | / |  |
|--------------------|--|------|---|---|--|

### 4. Declaration by witnesses (Binding nomination only)

I declare that I am over the age of 18 and this binding nomination was signed by the investor in my presence. Please ensure that the date each of the witnesses signs this form is the same as the date the investor signs, otherwise this nomination will not be valid.

#### Witness 1

|                |       |          |   |  |  |
|----------------|-------|----------|---|--|--|
| first name(s)  |       |          |   |  |  |
| last name      |       |          |   |  |  |
| postal address |       |          |   |  |  |
| suburb         | state | postcode |   |  |  |
| signature      | date  | /        | / |  |  |

#### Witness 2

|                |       |          |   |  |  |
|----------------|-------|----------|---|--|--|
| first name(s)  |       |          |   |  |  |
| last name      |       |          |   |  |  |
| postal address |       |          |   |  |  |
| suburb         | state | postcode |   |  |  |
| signature      | date  | /        | / |  |  |

#### Important Notice for Beneficiary Nominations

- For the Super Plan you are only able to make either a binding or non-binding nomination. You are not able to nominate a reversionary beneficiary.

For the purpose of paying a death benefit, a dependant is:

- a person who is financially dependent upon you at the date of death
- a child, adopted child, step-child, ex-nuptial child or
- a spouse (including a de facto spouse), or
- a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
- a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

#### Binding nomination rules

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the investor. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If you wish to amend or revoke your binding nomination you may do so by providing a notice to that effect to the trustee witnessed in the same manner as your original nomination (by two persons over the age of 18 years who are not named in the nomination form). We will provide a form for this purpose upon request.
- If a dependant nominated to receive a benefit predeceases the investor or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the trustee provide for the following:
  - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
  - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.